

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH SERVICES

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

NUMBER OF COPIES REQUESTED				\$10.00 EACH COPY	
VA (FREE)	FICA (FREE)	PERSONAL	TOTAL		
1. FULL NAME OF DECEASED			FIRST	MIDDLE	LAST
2. TODAY'S DATE					
3. DATE OF DEATH			MONTH	DAY	YEAR
4. PLACE OF DEATH			CITY OR TOWN		
5. FUNERAL HOME					
6. SIGNATURE OF APPLICANT					
7. RELATIONSHIP TO DECEASED			TELEPHONE NUMBER		
YOUR NAME			PRINT OR TYPE YOUR NAME AND MAILING ADDRESS		
MAILING ADDRESS			STREET OR P.O. BOX		
CITY AND STATE			ZIP CODE		

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY'S SIGNATURE

MY COMMISSION EXPIRES: _____

081-2516 R11-05 If applying in person, we are located at 3221 N. 16th Street, Suite #100, Phoenix, Arizona 85016

MAKE CHECK PAYABLE TO AND MAIL TO: MARICOPA COUNTY OFFICE OF VITAL REGISTRATION • P.O. Box 2111 • Phoenix, AZ 85001 • (602)506-6805

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IF APPLYING IN PERSON, A VALID GOVERNMENT PICTURE ID IS REQUIRED

(ID & Proof of Relationship Required)

If mailing in your application & paying by check, a copy of a VALID GOVERNMENT PICTURE ID must be provided by the person signing; otherwise, the application may be notarized.

WARNING: False application for a death certificate is a punishable offense.

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